

East Windsor Parks and Recreation
2015 Summer Fun Camp
(Ages 4 -12, **New this year Camp will run Monday – Friday****)**

General Information: This year the camp will be held Monday – Friday, for 8 weeks, beginning Monday, June 29th. **Due to the July 4th Holiday Week 1 is Monday – Thursday no camp on Friday and the priced is reduced by \$15.** In the morning, campers will be offered various sports activities, arts & crafts and a group activity. In the afternoon, swimming will be available. Each week of camp one field trip will be offered. All campers are required to attend field trips, wearing their camp shirt, or will not be able to attend camp on the day of the trip.

Camp Location: East Windsor Park – Office Number: (860) 627-6662
27 Reservoir Avenue, Broad Brook, CT

Camp Fees and Hours: Regular Camp Hours 9:00 a.m. – 3:30 p.m.
Residents: \$120; Week 1 Monday-Thursday \$105
Non-Residents: \$130; Week 1 Monday-Thursday \$115

Extended Hours 7:30 a.m. – 5:00 p.m.
Residents: \$130; Week 1 Monday-Thursday \$115
Non-Residents: \$140; Week 1 Monday-Thursday \$125

Dates of Camp:

<input type="checkbox"/> 6/29	<input type="checkbox"/> 7/6	<input type="checkbox"/> 7/13	<input type="checkbox"/> 7/20
<input type="checkbox"/> 7/27	<input type="checkbox"/> 8/3	<input type="checkbox"/> 8/10	<input type="checkbox"/> 8/17

Registration: Registration is done on a first-come, first-served basis. We accept registrations on an in-person basis during normal office hours. Registrations are also accepted through the mail-in process or you may use one of our convenient drop boxes located at all East Windsor Town Buildings and Schools.

Payment Options: Cash and check payments are accepted for Summer Camp. At the time of registration, a \$10 deposit is required for each week of camp, as well as the first week's balance. All remaining payments must be received by Thursday prior to the next week of camp. A spreadsheet will be provided to each family indicating payment amounts that have been received, as well as the balance and due date of the next payment. If the payment is not made by Monday morning, your camper will not be allowed to attend camp until payment is made. ***All CASH PAYMENTS are to be made at the Parks & Recreation Office during normal business hours. Camp Counselors will not accept CASH PAYMENTS at camp.***

Late Fees: Camp closes at 5:00 p.m. If you are picking your child up late, please call the Gate House, (860) 623-8375, prior to 5:00 p.m. to notify staff. There will be a monetary penalty as follows. 1st Offense, No Charge; thereafter, 10 minutes, \$10; after 20 minutes, \$20. Payment is required when you pick up your child.

Refund Policy: **Once a registration form has been accepted and processed, parents will be held responsible for payment for all weeks chosen whether the child attends or not. If an extenuating circumstance prevents your child from attending, it will be at the discretion of the Director of P&R to issue a refund.**

Parent/Guardian Signature:_____

Date:_____

EAST WINDSOR PARK & RECREATION
2015 SUMMER FUN CAMP REGISTRATION FORM
 (AGES 4 - 12, ****New this year camp will run Monday - Friday****)

CAMPER'S NAME: _____ SEX: _____ AGE: _____ DOB: _____/_____/_____

ADDRESS: _____ PHONE: _____

SCHOOL: _____ GRADE in fall 2015: _____

FATHER'S NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

MOTHER'S NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY (other than parent/guardian):

Contact Name	Telephone Number
Contact Name	Telephone Number

SHIRT SIZE: (check one): ___Youth-Med ___Youth-Lrg ___Adult-Sm ___Adult-Med ___Adult-Lg ___Adult-XL

PLEASE CHECK SESSIONS DESIRED:

Regular Hours: 9:00 a.m. to 3:30 p.m. - \$120/week Residents, \$130/week Non-Resident

Extended Hours: 7:30 a.m. to 5:00 p.m. - \$130/week Residents, \$140/week Non-Resident.

Regular Hours:

___ *Week 1: June 29-Jul 2	9:00-3:30 (\$)
___ Week 2: July 6-10	9:00-3:30 (\$)
___ Week 3: July 13-17	9:00-3:30 (\$)
___ Week 4: July 20-24	9:00-3:30 (\$)
___ Week 5: July 27-31	9:00-3:30 (\$)
___ Week 6: August 3-7	9:00-3:30 (\$)
___ Week 7: August 10-14	9:00-3:30 (\$)
___ Week 8: August 17-21	9:00-3:30 (\$)

Extended Hours:

___ *Week 1: June 29-Jul 2	7:30-5:00 (\$)
___ Week 2: July 6-10	7:30-5:00 (\$)
___ Week 3: July 13-17	7:30-5:00 (\$)
___ Week 4: July 20-24	7:30-5:00 (\$)
___ Week 5: July 27-31	7:30-5:00 (\$)
___ Week 6: August 3-7	7:30-5:00 (\$)
___ Week 7: August 10-14	7:30-5:00 (\$)
___ Week 8: August 17-21	7:30-5:00 (\$)

****Price of each session can be reduced by \$5 per week per each additional child enrolled****

***PLEASE NOTE:** Week 1 (June 29-July 2) No camp Friday, July 3rd due to the holiday. The cost of Week 1 ONLY is reduced by \$15.

TOTAL CAMP AMOUNT DUE \$_____

Amt Pd: _____ Date: _____ Cash: _____ Check #: _____ Balance: _____

CAMP REFUND POLICY: Once a registration form has been accepted and processed, parents are responsible for payment for all weeks chosen whether the child attends or not. If an extenuating circumstance prevents your child from attending, it will be at the discretion of the Director of P&R to issue a refund.

****Registration will close 2 weeks prior to each session****

Upon registration, a **NON-REFUNDABLE** \$10 per child/per week deposit is required as well as the first week's balance.

ALL REMAINING WEEKLY BALANCES MUST BE PAID IN FULL BY THURSDAY PRIOR TO THE BEGINNING OF EACH SESSION OR YOUR CHILD WILL NOT BE ABLE TO ATTEND UNTIL PAYMENT IS MADE.

Camp Field Trips, priced between \$8-\$15, per child/per trip, are charged in addition to camp session price.

ALL CAMPERS ARE REQUIRED TO ATTEND FIELD TRIPS, OR MUST NOT ATTEND CAMP ON THE DAY OF THE TRIP.

MEDICAL INFORMATION

Is your child allergic to anything? YES _____ NO _____

If yes, to what? _____

Does your child take any medications? YES _____ NO _____

If yes, what medications and are there any side effects the staff should be aware of?

Any medical conditions or special needs staff should be aware of? YES _____ NO _____

If yes, please explain in detail.

Does your child have any other special considerations related to behavioral needs which are not mentioned above and that our staff should know about to help your child have a positive experience at camp?

YES _____ NO _____

If yes, please explain in detail _____

***NOTE:** The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and asthma medications. In this case, please attach a note completed by your doctor before camp begins.)

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of East Windsor, I hereby waive and release the Town of East Windsor, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments,

including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

Parent/Legal Guardian Signature

Date